



# ELEVATOR MECHANIC LICENSE APPLICATION

State Form 52472 (12-05)

Approved by State Board of Accounts, 2006

Division of Fire & Building Safety  
Division of Elevator Safety  
402 West Washington Street, W246  
Indianapolis, IN 46204

<http://www.in.gov/dhs/fire>

fax: (317)232-6609

fax: (317)232-0146

**ATTACH ADDITIONAL PAGES AS NEEDED TO COMPLETE THIS APPLICATION**

<b>1. APPLICANT INFORMATION</b>			
Name:		Title:	
Organization Name:		E-mail:	
Work Address:		Telephone Number:	
City:	State:	ZIP Code:	
<b>2. PROOF OF ELIGIBILITY</b>			
The following must be submitted:			
(1) Documentation showing one (1) of the following:			
<input type="checkbox"/> You have at least three (3) years of documented work experience in the elevator industry in construction, maintenance, and service or repair; or			
<input type="checkbox"/> You have at least eighteen (18) months experience in the elevator industry in construction, maintenance, and service or repair and have at least three (3) years experience in a related field that is certified by a licensed elevator contractor.			
(2) Documentation showing the following:			
<input type="checkbox"/> You have successfully completed NCPCCI Test 6B Elevator General.			
<input type="checkbox"/> You have successfully completed NAEC Certified Elevator Technician (CET) Exam.			
<input type="checkbox"/> You have successfully completed NEIEP Elevator Mechanic's Exam.			
<b>3. CRIMINAL HISTORY</b>			
Have you ever been charged or convicted of a crime other than a minor traffic violation?( <i>check one</i> ):			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
If the answer to the above question is yes, the following information needs to be submitted with the application:			
(1) Each address at which you have resided during the past five (5) years.			
(2) A current criminal history from every state in which you have resided during the past five (5) years. In Indiana, and from every state in which you have been charged or convicted of a crime ( <i>other than a minor traffic violation</i> ). A limited criminal history can be obtained from the Indiana State Police ( <i>see <a href="http://www.in.gov/isp/lch/">http://www.in.gov/isp/lch/</a></i> ).			
(3) Certified copies of all charging instruments from any case in which you have been charged with a crime. This includes, but is not limited to, any probable cause affidavits.			
(4) Certified copies of any order regarding the final disposition from any in which you have been charged with a crime. This includes, but is not limited to, any plea agreements and sentencing orders.			
(5) If you were ever assessed any periods of probation, a letter detailing your satisfactory completion of all court-imposed requirements from all involved probation officers.			
(6) If you have ever been or are certified or licensed as an elevator professional in another state and that state has taken an action to revoke, suspend or otherwise limit your certification or license, include copies of all documents detailing the cause of the action and the final disposition of the action.			
<b>4. APPLICATION FEE</b>			
The application must include payment of the license fee of \$100. If paying by check or money order, make it payable to the Fire and Building Services Fund. If paying by <i>Visa</i> or <i>MasterCard</i> , complete the Credit Card Payment form:			
<input type="checkbox"/> A check or money order for \$100 is enclosed.			
<input type="checkbox"/> Payment will be made by <i>Visa</i> or <i>MasterCard</i> and the Credit Card Payment form has been completed and is enclosed.			
<b>5. AFFIRMATION</b>			
I hereby affirm under penalty of perjury that all of the information provided with this application is true to the best of my knowledge:			
Signature: _____		Date: _____	

**ELEVATOR MECHANIC LICENSE APPLICATION**  
**CREDIT CARD PAYMENT**

The application must include payment of the license fee of \$100. If paying by *Visa* or *MasterCard*, complete the following information:

Full Name on Credit Card: _____	
Billing Address	Street: _____
	City: _____ State _____ ZIP Code _____
	Phone Number: _____
	Credit Card ( <i>check one</i> ): <input type="checkbox"/> <i>Visa</i> <input type="checkbox"/> <i>MasterCard</i>
Account Number: _____	Expiration Date ( <i>month/year</i> ): _____ / _____
CVV2 Number ( <i>last 3 digits of the number in the signature block on the back of the card</i> ): _____	
By signing, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.	_____ Signature